UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		Ci	vil Case No	8-cv-00332-YY 			
LAURA SNY	DER	AF	PPLICATION FO	OR SPECIAL			
Plaintii v.	T (s),	AI	OMISSION – PR	RO HAC VICE			
· •							
KAISER FOU	NDATION HOSPITA	ALS, et al.					
Defend	ant(s).						
Attorne	y Bryan T. Pratt	re	quests special ac	lmission <i>pro hac vice</i> in			
the above-caption	oned case.						
		Pro Hac Vice Admission: that the following informat		understand the			
(1)	Name: Pratt	Bryan		T.			
	(Last Name)	(First Name)		(MI) (Suffix)			
	Firm or Business At	ffiliation: Shook, Hardy &	Bacon L.L.P.				
Mailing Address: 2555 Grand Boulevard							
	City: Kansas City	State:	МО	_ _{Zip:} <u>64108</u>			
	Phone Number: (8	16) 474-6550	_ Fax Number:	(816) 421-5547			
		dress: bpratt@shb.com					

(2)	BAR ADMISSIONS INFORMATION:					
	(a)	State bar admission(s), date(s) of admission, and bar ID number(s): State of Missouri, 1999, 48798				
		State of Kansas, 2000, 19613				
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): USDC Western District of Missouri, 2001, 48798				
		USDC Eastern District of Missouri, 2014, 48798MO				
		USDC Kansas, 2014, 19613				
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:					
	(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or				
	(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)				
(4)	CER	TIFICATION OF PROFESSIONAL LIABILITY INSURANCE:				
	Per LR 83-3(a)(3), I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.					
(5)	REP	PRESENTATION STATEMENT:				
		I am representing the following party(s) in this case:				
	Defe	endants Medtronic USA, Inc., Covidien Holding, Inc., and Covidien Sales, LLC				
		·				
(6)	CM/	ECF REGISTRATION:				
	current with approval of this <i>pro hac vice</i> application, I acknowledge that I will me a registered user of the Court's Case Management/Electronic Case File system. the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant ed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.					
DATE	D this	28 day of February , 2018				
		187				
		(Signature of Pro Hac Counsel)				
		Bryan T. Pratt				
		(Typed Name)				

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires you to associate with local counsel unless are requesting waiver of the requirement under LR 45-1. To associate with local counsel, obtain the signature of local counsel in the following section. To request waiver of the requirement to associate with local counsel under LR 45-1, check the following box.
☐ I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request waiver of the requirement of LR 83-3(a)(1) to

associate with local counsel and therefore do not include a certification from local counsel below.

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

	DATED this _	ay of Feb	uary <u>,</u> 201	8		
			(Signatu	hauly are of Local Counse	Blacking	
Name:	Blaesing		Lauren		F.	
	(Last Name)		(First Name)		(MI) (Suffix)	
Oregon	State Bar Num	_{lber:} 113305				
Firm or	Business Affil	iation: Markowitz H	erbold PC			
Mailing	Address: 12	11 SW Fifth Avenue	, Suite 3000			
	ortland			: OR	Zip: 97204	
	Number: (503	3) 295-3085		nail Address:	LaurenBlaesing@Markowit	zHerbold.com
		C	OURT ACTION			
		☐ Application appro☐ Application denie		ment of fees.		
	DATED this _	day of				
			Judge			